SAFE PATIENT HANDLING PROGRAM FOR HEALTHCARE

Sample Program

The following model program is designed for healthcare facilities to begin the process of committing their Safe Patient Handling ergonomics program to writing. This model contains sections that must be filled in for each individual facility.

Facility Name: _____

Date of Preparation: _____

Date of Annual Review: _____

Implementation Checklist

Task	Assigned to:	Due Date:	Completed Date:
1. Adopt goal for reducing worker injuries during Patient Handling.			
2. Identify key personnel repsonsible for program.			
3. Evaluate tasks in each department for Patient Handling risk factors.			
4. Evaluate physical building design for ergonomic hazards.			
5. Evaluate patient beds and wheelchairs for ergonomic hazards.			
6. Review system for conducting Patient Care Plans to incorporate Patient Handling Safety.			
7. Evaluate availability, use and employee feedback for Patient Handling Equipment.			
8. Evaluate effectiveness of current training.			
9. Evaluate Preventive Maintenance Program.			
10. Evaluate management of employee injury.			

Developed by

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

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1.0 SCOPE

_____(facility name) has safety and health programs in place to reduce the likelihood of employee injury. Many activities at healthcare facilities contain risk factors for muscle strain and back injury. It is the goal of this facility to reduce muscle strain and musculoskeletal injury among our employees.

This program will require a combination of management commitment and employee participation in order to successfully reduce worker injury.

2.0 COMPANY POLICY

The following policies have been implemented to reduce patient handling injuries. Management will provide resources to allow effective implementation of the policies.

- **No Solo Lift Policy:** employees will not be asked to perform a solo-manual lift on a patient who needs completely dependant (non-weight bearing).
- **No Manual Lift Policy:** patients who require extensive assistance (partially weight bearing) and patients who are completely dependant (non-weight bearing) will be transferred only with the use of a mechanical assist device.
- **No Manual Lift from Floor:** when a patient has fallen and requires assistance to get up, then a mechanical assist device will be used.
- **Gait Belt Policy:** Patients who require limited assistance (fully weight bearing) will be transferred with a gait belt.
- **No Manual Lift from Low Bed Policy:** patients who require any level of assistance will not be manually transferred from a low bed when the height of the bed cannot be electrically adjusted to minimize ergonomic hazards.

3.0 RESPONSIBILITIES

3.1 Management Commitment: _____ (*Administrator, Executive Director*) will have responsibility to provide resources for the identification, evaluation, and control of ergonomic hazards.

3.2 Supervisors: _____ will have responsibility to ensure that the Program is implemented in their department. Communicate to staff, ensure ergonomic equipment is available in good working order; ensure broken equipment is tagged out and repair is requested. Discipline employees who do not observe the program.

3.3 Staff Development Coordinator will have the responsibility in scheduling and presenting effective training. Training will focus on equipment and facility controls. Training will NOT focus on body mechanics and worker behavior.

3.4 Employee Responsibility: Employees will be responsible for participation in the program. Employees will be asked to be confident in the use of mechanical lift equipment and ergonomic assist equipment. Employees will also be responsible for using good communication skills with patients and co-workers.

- Employees may refuse to conduct a patient handling task if the patient handling methods provided in the Patient Care Plan has not adequately protected worker safety;
- Employees may not independently decide to not use ergonomic assist equipment when the equipment is specified in the Patient Care Plan.

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4.0 TASKS WITH RISK FACTORS FOR ERGONOMIC INJURY

The following tasks have been identified that have potential exposure to risk factors for ergonomic injury:

Department	Tasks	Risk Factors
Nursing Units	Transfer patient Reposition patient a.m./p.m. care Incontinent care Toilet patient Shower/ tub patient Ambulate patient walking Push wheelchair Weigh patient Stop patient from falling Assisting patient in bed Deliver food/ medication Redirect agitated patient	Reach more than 12" from torso Reach above shoulder Reach behind torso Pull Twist Bend forward or backward Bend sideways Neck bent Wrist bent Begin a lift from below knees End a lift from above hips Lift more than 35 pounds Sudden lifting (catching)
Housekeeping	Pushing heavy carts Make beds. Lifting mattresses. Kneeling on floor to reach items Reaching into tubs Reaching under beds	Reach more than 12" from torso Bend and lift Begin lifting at floor height Begin a lift from below knees Twist Lift more than 35 pounds
Laundry	Lifting soiled linens into washers Reaching into washer and dryer Pushing/pulling heavy carts Bending over into carts Pull heavy linens out of carts Pull heavy linens out of machines Prolonged standing Folding laundry at counter Lift laundry chemicals	Lift more than 35 pounds Reach Pull Bend Twist Pull, lift and reach at same time
Dietary	Lifting filled pots and pans Lifting canned food Pushing heavy carts Bending to place trays onto carts Prolonged standing Reaching Bringing garbage to dumpster	Lift more than 35 pounds Reach Pull Bend Twist Pull, lift and reach at same time

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5.0 ERGONOMICS CONTROL METHODS

5.1 Facility Design: The physical facility design and layout will be evaluated to ensure that ergonomic hazards are minimized. The facility (*should be/ has been*) evaluated for: (*delete the features that are not available at your facility, but explain why.*)

- ramps and elevators instead of stairs;
- ramps have less than 10 degree slope;
- smooth, even floor surfaces;
- smooth, level doorway thresholds, particularly in shower rooms;
- handrails that allow patients to assist themselves as much as possible;
- door handles do not catch on wheelchairs or shower chairs and stop their movement abruptly;
- width of hallways and doorways allow movement of ergonomic assist equipment;
- table heights and chair heights;
- toilet heights;
- location of toilet paper dispensers (accessible to staff without twisting);
- weight of furniture, beds, carts and trays;
- height of furniture, beds, carts and trays;
- size and layout of bathrooms and shower rooms;
- (other): _____

5.2 Bed Design:

Many employee injuries occur when the patient is in bed, getting into bed, or getting out of bed. During many patient handling tasks, either the patient is in contact with the bed, the employee is in contact with the bed, or both. Therefore the bed design is a factor that can contribute to employee injury.

Beds should be evaluated, selected, and used in manners to reduce employee ergonomic injury. The following features are associated with beds at this facility:

Bed Feature	All Beds	Some Beds	Bariatric Patients	Future Purchase
Height electrically adjustable				
Hi-Lo beds are electrically adjustable				
Hi-Lo beds have 6″ clearance				
between mattress and floor to allow use of mechanical lift				
Patient head and feet electrically adjustable				
Side rails are easily adjustable to reduce excessive reaching of caregiver				
Mechanical lifts and stand assists can be used with these beds				
Caregiver can approach from both sides of bed				
For patients who use mobile walkers, there is 52″ clear floorspace for turning the walker				
For patients who use wheelchairs, there is 75″ clear floorspace for turning the wheelchair				

5.3 Patient Assessment:

Each patient will be assessed for their capability to assist in daily care, transferring, mobility, and repositioning activities. The Patient Assessment will be conducted by (_____ (*describe*) _____.) The Patient Care Plan will determine and identify the proper and appropriate methods for transfer, repositioning, mobility and daily care.

- **Patient Ability:** The ability for patients to transfer or reposition themselves will depend upon medical condition, medications, ability to understand the caregiver, ability to cooperate, and physical limitations. Examples of patient ability include:
- **Total Dependence Patient:** patient cannot bear their own weight. Patient cannot help at all with transfers. Full staff assistance is required.
- **Extensive Assistance Patient:** patient can partially bear their own weight. Patient can perform part of an activity, can follow simple directions, has some upper body strength.
- **Supervision Needed/Limited Assist Patient:** patient can fully bear their own weight, but needs guidance to establish balance or recognize direction of travel. Caregiver provides oversight, encouragement but limited physical assistance.
- **Independent Patient:** patient can fully bear their own weight and does not require guidance. Caregiver provides no physical assistance.
- **Decision making:** The decisions for determining appropriate methods will include and incorporate worker safety and health as well as patient safety and health. Therefore, for most patients (except Independent Patients) the healthcare provider will use ergonomic assist equipment.
- See the Veterans Administration recommendations for Patient Assessment at the website: **www.Visn8.med.va.gov** .
- **Communication:** The specified method for transferring, repositioning and mobilizing individual patients will be communicated to healthcare providers by (describe here): _____ _____. (*Examples include: care cards; color coded stickers*);
- **Changes in Patient Condition:** will be communicated by_____ (*describe here*) _____.

5.4 Engineering and Work Practice Controls

It is the policy of (*company name*)_____ to use ergonomic assist equipment to make patient handling activities safer. The following types of assist equipment have been evaluated and selected for use in this facility:

	Unit: _____	Unit: _____	Unit _____
Mechanical Lift (battery operated)			
Mechanical Lift (manual operated)			
Stand-assist lift (battery operated)			
Stand-assist bed rail			
Stand-assist seat boosters for wheelchair			
Stand-assist seat booster for toilet chair			
Pivot disc with standing handle			
Gait belts			
Ramp scales			
Pneumatic tub chairs with scale			
Pneumatic tub chairs			
Hip lifters			
Low-friction slip sheets			
Air assisted lateral sliding aid			
Shower chairs that fit over toilet			
Shower trolley is height-adjustable			
Bariatric shower chair			
Reclining shower chair			
Transfer slide boards			
Adjustable beds (electric)			
Adjustable hi-low beds			
(other) _____			

5.5 Equipment Maintenance, Storage and Laundry

- Battery charging: (*specify location, and responsibility*) _____
- Pad Availability: (*specify storage location, inspection and laundry frequency*) _____
- Equipment inspection and repair: (*specify*) _____
- Work order system to request equipment repair. (*describe*) _____
- Preventive Maintenance Schedule: (*provide in Appendix #**) _____

5.6 Work Practices

Safe work practices are important for the comprehensive implementation of the program. Typical types of safe work practices in healthcare include: wearing gloves; handwashing; etc. Safe work practices are most successful when they are used in combination with facility design, or equipment controls. Safe work practices will assist the on-going control of a workplace hazard, but will not completely eliminate a hazard.

- **Proper Body Mechanics:** this type of work practice uses worker training to reinforce the importance of employee posture during a patient handling activity. Since body mechanics cannot completely eliminate an ergonomic hazard, this Ergonomic Injury Prevention Program does not rely on Proper Body Mechanics to reduce workplace injury.

- **Tasks where Proper Body Mechanics may reduce an ergonomic hazard:**
  - Bending to speak with patient in a wheelchair;
  - Delivering food / medication;
  - Adjust IV or catheter;
  - Shaving patient;
  - Bathing/showering patient;
  - Weighing patient on ramp scale;
  - Carrying food trays;
  - Folding linens;
  - Stocking supplies on shelves;
  - Hairdressing;
  - Attaching and using mechanical lift;
  - (other) _____

- **Tasks Where Proper Body Mechanics will NOT reduce an ergonomic hazard:**
  - Moving a totally dependent patient;
  - Moving a patient who requires extensive assistance;
  - Repositioning patient in bed;
  - Moving or repositioning bariatric patient.
  - The ergonomic hazards are not reduced during these activities, even when more than one employee conducts the task.

6.0 INJURY MANAGEMENT

6.1 Healthcare for Injured Employee: Health care for the injured employee will be conducted according to Policy #/name (*provide here*)_____.

The following occupational health provider has been selected:
Name:_____
Address: _____
Phone #_____
Directions: _____

6.2 Modified-Duty Tasks: A list of appropriate light-duty tasks are listed in Appendix _____.

6.3 Incident Reporting and Evaluation: All employee injuries will be reported to supervisors, whether or not the injury required medical attention or first aid. The "Ergonomic Injury Evaluation Checklist" located in Appendix (#*_____) will be used to evaluate the root cause of the incident, and determine appropriate corrective methods to prevent similar incidents from occurring.

6.4 Pattern Evaluation: The Safety Committee will evaluate all injuries on a (*monthly/quarterly)* _____ basis to determine any patterns involving: type of activity, type of equipment controls, type of corrective actions.

7.0 TRAINING

Training is essential for the success of the ergonomic injury prevention program. Training will support implementation of the program. Training will be conducted at new hire orientation and at least annually.

7.1 Training topics for employees include:

- Anatomy of the spine
- Types of ergonomic injury
- How to recognize symptoms of ergonomic injury
- Risk factors for ergonomic injury in healthcare
- Ergonomic policies at the site
- Ergonomic equipment at the site
- Maintenance, inspection, repair of ergonomic equipment
- Battery charging and storage
- Demonstration of each type of patient handling activity
- Demonstration of each type of stand-assist and mechanical lift

7.2 Training topics for Supervisors include topics in 7.1 and:

- Supervisory responsibilities for managing safety
- Recognition of risk factors
- Appropriate methods to reduce risk factors
- Methods for ensuring proper use of ergonomic controls
- Ways to encourage good work practices;
- How to respond to injury reports;
- How to help other workers implement solutions.

7.3 Training topics for Managers include 7.1, 7.2 and:

- Identification of risk factors;
- Workplace inspection;
- How to provide management support and resources for hazard control;
- How to encourage employee involvement in solutions;
- How to encourage employee responsibility;
- Evaluate the effectiveness of ergonomic efforts.

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8.0 ANNUAL REVIEW

The ergonomic injury prevention program will be reviewed annually. The annual review will include employee involvement.

8.1 Employees will be consulted for:

- Submit suggestions or concerns
- Discuss the workplace and work methods
- Participate in the design of work, equipment, procedures and training;
- Evaluate equipment performance;
- Respond to employee surveys;
- Participate in the nursing home's ergonomic process.

8.2 The Facility will be reviewed for:

- New tasks
- Any tasks where risk factors are not controlled?
- Existing equipment, and new equipment needed.
- Physical plant improvements
- Training improvements

8.3 Injury Records will be reviewed for:

- Patterns that indicate certain activities/equipment is responsible for most injuries
- Uncontrolled ergonomic risk factors that need additional controls.